DOCKET NUMB-

AMENDMENT TRANSMITTAL LETTER

P-IX 5066

SERIAL NO: 09/997,209

TE TRADE

FILING DATE: November 28, 2001

EXAMINER: T. Wessendorf GROUP ART UNIT: 1639

INVENTION:

EUKARYOTIC EXPRESSION LIBRARIES AND METHODS OF USE

TO COMMISSIONER FOR PATENTS

CERTIFICATE OF MAILING BY "EXPRESS MAIL" "EXPRESS MAIL" MAILING LABEL NUMBER: EV 238951845 US DATE OF DEPOSIT: February 13, 2003 I HERBBY CERTIFY THAT THIS PAPER OR FEE IS BEING DEPOSITED WITH THE UNITED STATES POSTAL SERVICE "EXPRESS MAIL POST OFFICE TO ADDRESSEE" SERVICE UNDER 37 C.F.R. 1.10 ON THE DATE INDICATED ABOVE, AND IS ADDRESSED TO: COMMISSIONER FOR PATENTS WASHINGTON, D.C. 20231.

Carrie Hines

(TYPED OR PRINTED NAME OF PERSON MAILING PAPER OR FEB)

(SIGNATURE OF PERSON MAILING PAPER OR FEE)

Transmitted herewith is a Response to the Restriction Requirement mailed January 13, 2003, in the above-identified application.

- X .Small Entity status of this application has been established under 37 CFR 1.27.
- Petition for Extension of Time is enclosed (in duplicate).
- Terminal Disclaimer with fee under 37 C.F.R. 1.20(d) is enclosed.
- X No additional claims fee is required.
- An additional claims fee is required and has been calculated as shown below:

CLAIMS AS AMENDED

	NUMBER AFTER		HIGHEST NUMBER PREVIOUSLY PAID FOR:		NUMBER OF EXTRA CLAIMS PRESENTED		RATE		FEE		
	AMEND- MENT	1					SMALL ENTITY	OTHER ENTITY		SMALL ENTITY	OTHER ENTITY
TOTAL CLAIMS	40	_	. 40	-	0	х	\$9	\$18	=	\$0	\$
INDEPEN- DENT CLAIMS	5	-	5	-	0	×	\$42	\$84	-	\$0	\$
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			YES	_	xx NO		\$140	\$280	=	\$0	\$
							TOTAL ADDITIONAL FEE			\$0	\$

- If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 20, write "20" in this space.
- If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 3, write "3" in
- If the difference between the "NUMBER AFTER AMENDMENT" and the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 0, write "0" in the space.
- Please charge my Deposit Account No. 03-0370 the amount of ____. A duplicate copy of this sheet is enclosed.

Inventor: William D. Huse Serial No.: 09/997,209 Filed: November 28, 2001

Page 2

- ____ A check in the amount of \$\(\) is enclosed, \$\(\) of which covers the fee for a -month extension of time.
- _X The Commissioner is hereby authorized to charge payment of any fees associated with this communication or credit any overpayment to Deposit Account No. 03-0370. A duplicate copy of this sheet is enclosed.
- X The Commissioner is hereby authorized to charge to Deposit Account No. 03-0370 any fees under 37 CFR 1.17 which may be required under 37 CFR 1.136(a)(3) for an extension of time in any concurrent or future reply requiring a petition for extension of time. A duplicate copy of this sheet is enclosed.

Respectfully submitted,

Deborah L. Cadena

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